

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		/					52				
3	/						53				
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45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	15						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	26						TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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